Please type a plus sign insid	e this box $\pm$ PT	O/SB/01	(12/97) Ap	proved for us	e through 09/	/30/00,	OMB 0651-0032 +			
DECLARA	TILITY	Attorney 2	Attorney Docket Number 37505.0298							
DESIGN PATENT APPLICATION (37 CFR 1.63)					First Named Inventor Mileham et al.					
					COMPLETE IF KNOWN					
				Application	on Number					
	OR Si		ation tted after Initial (surcharge TR 1.16(e))	Filing Dat	te					
with Initial Filing				Group Ar	t Unit					
	re	quired)		Examiner	Name					
As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, names are listed below) of	first and sole inv the subject matte	entor (if or r which is	only one name is s claimed and for	listed below)	or an origina ent is sought o	al, first ar	nd joint inventor (if plural vention entitled:			
Dual Anode Capacitor Inte	erconnect Design									
the specification of which is attached hereto OR			(Title of the I	nvention)						
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number		and	d was amended o	on (MM/DD/Y	(YYY)		(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to continuation-in-part applic national or PCT internation	ations, material in	nformatio	on which became	available bet	defined in 37 ween the filin	7 CFR 1	56, including for the prior application and the			
I hereby claim foreign prio certificate, or 365(a) of any America, listed below and or of any PCT internationa	PCT internation have also identifi	al applica ed below	ation which design, by checking the	gnated at least box, any for	one country o	other tha	n the United States of atent or inventor's certificate,			
Prior Foreign Application (Numbers)	Count	ry .	Foreign Fili (MM/DD/)		Priorit Not Clair		Certified Copy Attached? YES NO			
□ Additional foreign app	lication numbers	are listed	on a supplement	al priority da	ta sheet PTO/	SB/02B	attached hereto.			
I hereby claim the benefit t	ınder 35 U.S.C. 1	19(e) of a	any United States	s provisional	application(s)	listed be	elow.			
Application Number(s) Filing Date (MM/DD/										
60/433,680 December 16, 2002 60/433,681 December 16, 2002 60/434,583 December 18, 2002			ber 16, 2002		<ul> <li>Additional provisional application numbers are listed on a supplemer priority data sheet PTO/SB/02B attached hereto.</li> </ul>					
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<b>DECLARATION -</b>	Utility or	Design Pater	t Application
			p p

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent										
Number				Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)		
- Allic III DOM										
□ Additional U.S. or PCT into										
As a named inventor, I hereb the Patent and Trademark Of	y appoint the fice connected	following regid therewith:	stered pract	itione	er(s) to pr	osecute	this application	on and to transac	et all business in	
□ Customer Number								Place Cu	stomer Number	
OR ■ Registered practitioner's n	amalrogistrati	on number list	ed balow	<b>→</b>			$\rightarrow$	Bar Code Label Here		
Name		Registrati				N		Desire de No		
Name	•	Registrati	IOII INO.			Nam	ne	Registration No.		
Michael F. Scalise		34,920								
☐ Additional registered practi	ioner(s) named	l on supplement	al Registered	Practi	itioner Info	ormation	sheet PTO/SB	'02C attached her	eto	
Direct all correspondence to:		ner Number Code Label	33751	1 OR Correspondence address below					ess below	
Name Michael F. Scali	se							· μ.μ.		
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Address 10,000 Wehrle I	rive				-		,u .			
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Country United States	Teleph	one	(716) 759-	716) 759-5810			Fax	(716) 759-50	074	
I hereby declare that all state are believed to be true; and f	urther that the	se statements v	were made v	with th	he knowle	edge tha	at willful false	statements and	the like so	
made are punishable by fine validity of the application or	or imprisonme	ent, or both, ur	nder 18 U.S.	.C. 10	01 and th	at such	willful false s	tatements may	eopardize the	
, 11	1									
Name of Sole or First Inventor:										
Given Name (first and middle [if any])				Family Name or Surname						
Richard				Mile	ham					
Inventor's Signature				le ha m				Date	16 DEL 03	
		State	New Yo	ork	Coun	try U	JSA	Citizenship	USA	
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☐ Additional inventors are bei	Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									
			_			·		1.	,	

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of4

			<del></del>						
Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor							
Given Nar	me (first and middle [if a	ny]) Family Name or Surname							
Eric				Steme	n		<del>**</del>	· · · · ·	
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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

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